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ABSTRACT

School psychologists are increasingly expected to become more involved in health related issues. It has been suggested that the frequent visitor to the school nurse (FVSN) is often the student with a high need for security, nurturance, and attachment to an adult at school. This paper focuses on children and adolescents who do not have a chronic physical illness, yet regularly visit the school nurse. It includes a literature review, case research, and relevant concerns. The research indicated little gender differences at the elementary and middle school level among those who are the FVSN, but with age, females made up a greater percentage of visits to the health office. Significant increases were noted in academic problems among frequent users and higher socioeconomic status resulted in higher frequency use. In a case review, a school psychologist reported on the FVSN phenomenon at middle schools. There, visits to the nurse were associated with difficulties with many areas including academics; peer relations; teachers; and home issues. School psychologists can be instrumental in instructing teachers about the potential stress of tests, grades, and peer relationships on students, all reasons why students may make frequent trips to the school nurse. (Contains 38 references.) (JDM)

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Frequent Visitors to the School Nurse: The School Psychologist's Role

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by

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Abstract

School psychologists in the 21st century are expected to provide a leadership role on interdisciplinary health care teams, particularly in the area of mental health. This paper explores an identifiable, at-risk group of students who visit the school nurse frequently with vague physical complaints. The literature suggests that the frequent visitor to the school nurse (FVSN) is often the student with a high need for security, nurturance and/or attachment to an adult at school. Research identifies common FVSN characteristics, needs and predictable patterns of behavior, including (a) stress/anxiety, (b) somatization, (c) dependency, (d) learned illness behaviors and (e) difficulties with teachers and/or peers. The school psychologist can advocate for and facilitate the planning and implementation of programs geared to assist FVSNs. Implications from the research and practical suggestions are offered.

Frequent Visitors to the School Nurse:
The School Psychologist's Role

James F. Sweeney, Dorothy D. Sweeney

Increasingly, school psychologists are expected to become more involved in health related issues (Nastasi, 2000). Nastasi refers to several special issues of the *School Psychology Reviews* of the 1990's that deal with childhood medical issues, as she calls upon the school psychologist to become more knowledgeable in this realm. She further challenges the school psychologist to be active in and provide a leadership role in the health care of children and adolescents. Students who are frequent absentees or frequent visitors to the school health office fall in this realm (Sweeney & Sweeney, 2000). Childhood illnesses are common occurrences among the school-aged population and account for a number of school absences and/or frequent visits to the school health office. Chronic illnesses among children and adolescents also undoubtedly account for a high number of school absences and nurse visitations. Tarnowski and Brown (1999) assert that by age 18, 10% to 15% even experience what can be characterized as a chronic medical condition.

Recently, a number of articles have explored chronic health issues and the role of the school psychologist in dealing with the chronically ill youngster (Allen, Mathews, & Shriver, 1999; Carlson, Paavola, & Talley, 1995; Phelps, 1998). Besides acute and chronic medical conditions, personal and environmental stressors may place the student population at high risk for emotional, behavioral and academic difficulties (Nastasi, Varjas, Bernstein, & Pluymert, 1998). Students who frequently absent themselves or visit the health office may be exhibiting such difficulties, which often involve mental

health. Frequent visitors to the school nurse (FVSNs) who present without documented organic illness have been a somewhat overlooked area of health need. In light of Nastasi's (2000) call to action, this paper focuses on children and adolescents who do not have a chronic physical illness, yet regularly visit the school nurse with vague complaints. The FVSN literature, case research and relevant concerns will be explored.

With this population, as with those with a chronic medical condition, the school psychologist should play a key role in collaborating with school and health professionals to help identify these students and to establish treatment protocols. Nastasi (2000) points out that we also must be aware of the connections between academic functioning and both physical and mental health. We must keep that connection in mind as well as the importance of psychological variables as we explore this student population.

Background

Some researchers assert that in elementary school, up to 15% of the students make anywhere from one-third to one-half of all visits to the school nurse (Lewis, Lewis, Lorimar, & Palmer, 1977). Thus, a great deal of the health professional's time is spent attending to a relatively small student population. Joost et al. (1993) assert that the health care patterns of the FVSN might suggest more than medical concerns. Although school nurses are in an excellent position to evaluate student medical complaints, the non-crisis, psychosomatic FVSN issues must not be minimized and should be closely examined by interdisciplinary health care providers, such as the nurse, school physician, counselor and school psychologist.

According to Sweeney and Sweeney (2000), the FVSN phenomenon is well known in the school health care field. Some school nurses refer to this group as "frequent

flyers" because of their regular trips to the health office. A pattern of repetitive visits to health services, which often begins in early years, may continue into adulthood (Apley, 1959; Mechanic, 1979) and ultimately be a factor in increased health care costs. Lewis et al., (1977) assert that youngsters' use of health services closely resembles that of adults. They suggest that a pattern of frequency utilization could be a learned behavior. Campbell (1978) writes that "influences contributing to a child's acquisition of health care orientations may extend well beyond specific health relevant experiences: the factors at work are likely to be integral to the general socialization process" (p. 35). Carson, Butcher and Mineka (2000) discuss early learning of somatization as nonverbal communication of psychic distress, bid for attention, relief from responsibilities (e.g., school attendance and performance) and relationship to childhood trauma. With this in mind, FVSN concerns clearly warrant careful, professional team consideration.

Literature Review

Researchers identify a number of factors related to FVSNs: (a) gender and age/grade (Rogers & Reese, 1965; Stephenson, 1983), (b) school achievement (Joost et al. 1993; Lewis & Lewis, 1989), (c) visitation pattern (Sweeney & Sweeney, 2000), (d) Socio-economic status (Campbell, 1978), (e) dependency behaviors (Stamler & Palmer, 1971; VanArsdell, Roghmann, & Nader, 1972), (f) stressful life events (Basch & Kersch, 1986; Grey, 1988; Slee, 1993), (g) somatic complaints (Greene, Walker, Hickson, & Thompson, 1985), (h) learned illness behaviors, (Robinson, Greene, & Walker, 1988), and (i) frequent school absence (Weitzman, Klerman, Lamb, Menary, & Alpert, 1982). Each of these potential FVSN factors is elaborated upon below.

Gender and Age

Research indicates little gender difference at the elementary and early middle school level, but with age, females make up greater percentages of visits to a health office (Mechanic, 1964). According to Ostrov, Offer, and Howard (1988), symptom expression is significantly influenced by gender among youngsters who have psychological problems. They report, for example, that females tend to inwardly express symptomatology, like depression or anxiety, while males outwardly exhibit "acting out" behaviors. By the time they reach school age, children probably have begun to respond to the perceived social pressures of age and sex role expectations. Parental influence, especially quite early in adolescence, seems to play a major role in symptom expression.

Academic Achievement

Lewis and Lewis's (1989) longitudinal study of illness behaviors and educational outcomes of the students at the University Elementary School of the University of California at Los Angeles find a significant increase in academic problems among frequent users of health services. McKevitt, Nader, Williamson and Berrey (1977) report that special education students visit the school nurse with greater frequency than the regular education student.

Socio-economic Status

Lewis et al. (1977) find similar patterns in school health and adult health office use, i.e., higher socioeconomic status (SES) result in higher frequency of use. Similarly, Nader and Brink (1981) find that families in higher SES brackets utilize primary health care more often than families in lower brackets. Although these studies suggest a trend, there is insufficient evidence to support a linkage between SES and FVSN status.

Somatic Complaints and Coping

Greene et al. (1985) find an association with children and adolescents having recurrent physical complaints of no organic origin. They assert that these complaints are associated most often with recent stressful or negative life events. Research by Greene et al. and Robinson et al. (1988) establish a definite relationship between negative life events and somatic complaints in adolescents. Robinson et al. postulate that "negative life events represent stressors that play a causal role in the development of somatic complaints" (p.592) in their target populations. They suggest that health care professionals who treat children and adolescents with recurrent somatic complaints should carefully consider the role of negative life events (e.g., family turmoil, anxiety, and depression) in addition to checking for organic illness. In the school setting, students who experience negative and stressful life events, e. g., social awkwardness and lower academic achievement, are found to have a higher rate of visitation to the school nurse (McKevitt et al. 1977).

Common fears and stresses of childhood and adolescence may bring about mounting tension that could increase the likelihood of unhealthy coping, resulting in a visit to the school nurse with a vague physical complaint (Sweeney, 1999). Somatization, school phobia, withdrawal or depression are examples of unhealthy coping (Sears & Milburn, 1990). Basch and Kerch (1986) suggest that teachers and other adults should become sensitive to the potentially negative impact of life events. Flunking a test, problems with peers, losing a pet are the types of negative events that may seem monumental to adolescents. Youngsters may learn to use symptoms as a means of coping with stressful life events; parents, teachers, and health personnel may unwittingly

reinforce these illness behaviors by providing them with too much attention (Mechanic 1972). As a better alternative, timely psychological referrals can enhance youngster's coping strategies in response to many stressful situations.

Depression

Sperling (1978) asserts that the presence of somatic symptomatology in depressed children and adolescence, is a way for a youngster to act out impulses and emotions through the body without conscious awareness. A number of studies support the notion of somatic complaints being associated with anxiety or depression in adolescents (Beidel, Christ, & Long 1991; Hodges, Kline, Barbero, & Woodruff, 1985; Livingston, Taylor, & Crawford, 1988). Hansell and Mechanic (1985) report that the incidence of affective mental disorders increases significantly during adolescence.

Learned Illness Behaviors

Lewis et al. (1977) suggest that the mother can be the "most important role model for social learning of health and illness behavior" (p. 505). Similarly, Campbell (1978) asserts that health and illness behaviors stem from childhood when factors such as role models, parental goals and values shape the child's health orientation. According to Stephenson (1983), illness behavior can be determined by the socialization of the youngster. Mechanic (1968) believes that when the child becomes ill, he/she models behaviors observed in important meaningful adults in their lives. Extrafamilial influences like the school environment and peer groups exert additional effects on the socialization of youngsters as they age.

School Avoidance

Absentee patterns may be used to identify those students with chronic illness, psychiatric disturbances, inappropriate responses to frequent minor illnesses, low academic achievement, family dysfunction and other potential stressors. Weitzman et al. (1982) suggest that pediatricians will spend an increasing proportion of their time caring for youngsters whose primary problems may not be an actual physical illness, but rather deficits in psychological adjustment and/or intellectual development. Collaboration between the interdisciplinary school health care team and pediatricians might help identify the youngster and/or family that respond in unhealthy ways to minor illnesses, e.g., early school dismissal or excessive absences.

Case Research

The above factors associated with the FVSN phenomenon were explored further in the following case research. While the chronically ill generally have clearly defined needs, FVSNs appear to have vague complaint, ill defined needs, often in the psychosomatic realm. Interdisciplinary school health teams should be sensitive to the FVSN, conduct research and design treatment protocols appropriate for their school district. School psychologists should assume a key interdisciplinary health team role related to student mental health (Nastasi et al., 1998).

Given that responsibility, the first author, a school psychologist, researched the FVSN phenomenon in a southeastern Massachusetts, two town regional school district (Sweeney, 1999). FVSN characteristics were isolated by examining nurses' logs at the middle school level for a period of sixty days. Professionally competent, bachelor prepared, certified school nurses staffed the health offices and provided warmth and

limits. The logs listed each student visitor by name, grade, time of visit, reason for the visit, treatment and disposition, e.g., returned to class, sent home. The school nurses confirmed student FVSN status, exclusive of medication administration and/or chronic illness monitoring.

FVSN visitors and visits were tabulated. Student records were examined for relevant factors, including (a) gender, (b) grade level, (c) achievement test scores, (d) grade point average, (e) socio-economic status, (f) special education services and (g) absenteeism rate (Sweeney, 1999). The results were then categorized and analyzed using chi square statistics to determine significance. In addition, nurses at a southeastern Massachusetts school nurse conference were surveyed on FVSN characteristics and symptom expression. Subsequently, six area middle school nurses were interviewed to explore FVSN factors.

Case Results

The study (Sweeney, 1999) underscores the following: Table 1 indicates visits made during the study relative to FVSN status. Of the total 6th, 7th and 8th grade student population, FVSNs (12%) made the majority of visits (56.1%). These findings corroborate prior studies that assert that between 8% to 15% of students make 33% to 50% of the total visits to the nurse (Lewis et al., 1977; VanArsdell et al. 1972). Table 2 lists FVSN descriptive statistics for the sixty-day period, i.e., sample size, mean, mode, SD and range of visits.

Table 1

Numbers of Visits to the Nurse by All Students (FVSNs and non-FVSNs)

	Total # of Visits by all Students	Percent	Total # of Visits by FVSN	Percent	Total # of Visits by non-FVSN	Percent
School A	1318	43.7%	577	43.8%	741	56.2%
School B	1696	56.3%	1113	65.7%	583	34.3%
Schools A & B	3014	100%	1690	56.1%	1324	43.9%

Table 2

FVSN Sample Size, Mean, Mode, SD and Range of Visits for Each School

	N (FVSNs)	Mean (Visits)	Mode	SD	Range
School A	63	8.06	6.00	4.66	4-24
School B	96	10.97	8.00*	5.55	4-24
Schools A & B	159	9.82	6.00	5.39	4-24

*Note. Multiple modes exist. The smallest value is shown

Although females accounted for only 46% of the middle school student body examined in this study, they comprised 60.4% of the FVSNs. In School B, significantly more FVSNs were 6th graders (49%) versus 7th (27%) or 8th graders (24%). Only 6.2% of FVSNs were in the high achievement category; most FVSNs possessed average ability (62.8%) and 31% fell in the low ability category. Similarly, 5.3% of FVSNs had

"excellent"GPAs, 39.3% had "good", 42% had "fair" and 13.3% had "poor" and "failing" academic grades.

Of the 1690 FVSN visits to the nurse, the highest percentage of visits occured at lunchtime (44%), with 27% in the morning and 29% in the afternoon. Mondays, Tuesdays and Fridays accounted for most visits (22.4%, 23.6%, and 21.3% respectively), while Wednesday (16.6%) and Thursday (16%) had fewer. In Town A, SES made a difference, i.e., FVSNs were more likely to qualify for free/reduced lunch (20.6%). This could have been due to differences in town income (i.e., Town A = lower income) and/or unemployment rate (i.e., Town A = 6.8% and Town B = 5.6%).

In this study, special education was not a factor in FVSN rates. Absentee rates of FVSNs and non-FVSNs also did not differ. With satisfactory FVSN attendance one might hypothesize that certain needs are being met by frequent visits to the school nurse. Stamler and Palmer (1971) believe that such visits afford youngsters a place for a connection, comforting words or approval from an adult.

Interviewed nurses conjectured that FVSN symptoms might be in response to stress/anxiety, somatic complaints or learned illness behaviors. The nurses highlighted clusters of vague complaints common to the FVSN, such as, headache/stomachache, dizziness, sore limbs, chest pain, gray pallor, hyperventilating, sweatiness, crying and the global "I don't feel well" symptom. According to thematic analysis, nurses associated FVSNs with certain characteristics, i.e., difficulties with (a) academics, (b) peer relations, (c) teachers, (d) home issues, (e) stress/anxiety and (f) individual personality constitution. The nurse interviews generated an FVSN composite as the student who has a high need for security, nurturance and/or attachment to an adult at school.

The nurses recommended treatment for FVSNs according to thematic patterns (Sweeney, 1999):

1. Respite and recovery
2. Rituals and routines e.g., take temperature, lie down
3. Relaxation, refocus, and regrouping
4. Reframe for stressful or unpleasant situations
5. Reassurance
6. Rule out serious medical issues
7. Return to class
8. Referral to a counselor
9. Rally team resources to remediate the problem

Case Summary

In the examined northeast suburban sample, middle school FVSNs were most likely to be female and a Monday, Tuesday or Friday lunchtime visitor to the health office. The FVSN was not necessarily a low academic achiever, a special education recipient or a frequent absentee. The female FVSN was hypothesized as "acting in, not out" at mealtime. Results dealing with grade level and socioeconomic status were specific to each school studied, i.e., an FVSN was more likely to be a 6th grader when the 6th grade was the lowest grade in the school and of lower SES when in the lower SES area. Since some findings are inconsistent with prior research, it is apparent that more research of the FVSN phenomenon is warranted. Nurses did link frequent visitation to possible mental health concerns. The nurses had established routines that were pragmatic, but not necessarily scientifically tested or fully coordinated with the psychological/counseling program.

Case-Based Training for Nurses

The second author, a mental health consultant, developed a training module based on the FVSN research (Sweeney, 1999). The case study opened a new dialogue for

school health nurse interns, historically fascinated by the FVSN phenomenon. Interns explored themes and some interns revealed personal histories as FVSNs, identifying bullying, teasing, and home and school-related anxiety as underlying factors. Retrospectively, these interns recalled little systematic school team response to their dilemmas or repetitive visitations. This experience demonstrates possibilities for proactive school health teams, inservice and training related to the persistent, perplexing FVSN population.

Implications for the School Interdisciplinary Health Team

The case findings suggest that school health teams must determine relevance for their own student populations. This is the time when the school psychologist can take a leadership role. FVSN epidemiology, etiology, assessment and treatment are best determined within individual school districts in a collaborative school and community context. School specific FVSN populations should be validated. Given the apparent multidetermined nature of FVSNs, a variety of responses may be necessary. Since certain stressors in individual classrooms or in particular subject areas may contribute to frequency of visitation, consultation with specific subject matter teachers to advise them of the FVSN association with a particular subject might be beneficial. The school psychologist can conduct or facilitate inservice training to instruct teachers about the potential stress of tests, grades, excessive homework, personality clashes and classroom climates that spawn FVSNs. The school psychologist can suggest methods to sensitize teachers to FVSN needs. Demonstrations of positive classroom climate might help teachers whose teaching styles and methodologies create a high stress atmosphere (Sweeney & Sweeney, 2000).

The school psychologist can also conduct assemblies that could teach FVSNs ways to cope to relieve stress/anxiety (e.g., relaxation techniques, connecting mind and body). Psychologist-lead workshops for students could include how to deal with harassment, feelings of vulnerability, teasing or embarrassment. Peer mediation and mentoring could resolve relevant school difficulties. Small groups of FVSNs could work with the school psychologist to improve coping mechanisms for school related stressors. The school psychologist could work with FVSN parents on dealing with vague somatic complaints, dependency needs and other illness behaviors, as well as underlying meaning of FVSN symptoms. The school psychologist, nurse and physician can devise Individual Visitation Plans (IVPs) that involve collaboration, referral, treatment and follow-up.

Conclusion

In a time when the role of the school psychologist seems to be expanding, the literature and case study alerts the audience to a population that asks for help in vague somatic ways. They challenge school health teams to be sensitive to FVSNs, to conduct their own research and to design best practices to meet attendant needs. School psychologists should assume a key role as advocates and facilitators in the planning and implementation of school psychosocial and mental health programs (Adelman & Tylor, 1998). To do this the professional development of school psychologists may need to be expanded to help them address student health and mental health care issues of this century. School psychology interns should be exposed to FVSN training modules similar to the one noted above. Nastasi (2000) asserts that internships and practica for future school psychologists should include more interdisciplinary-based sites. She suggests the exploration of school and community based sites as an attempt to create more appropriate

levels of training and experience. Finally, for the future school psychologist to become most effective there is a need to educate superintendents, administrators, school boards and parents to the changing role so that the school psychologist's time is effectively allocated. If that happens, the school psychologist should be able to assume what Nastasi refers to as more of a leadership role in the "integration of theory, research and practice related to comprehensive health care of children" (p. 552). If somatic complaints are a student's call for help, then school psychologists should be ready, willing and able to answer that call.

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